

FamilySearch Indexing

US, Texas Deaths – 1890-1976

There are 2 types of forms primarily seen in this project: Certificate of Death and Amendment to Certificate of Death

The Certificate Number may be called the State File No. If it begins with a zero, index it as written. Do not omit the zero.

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO. 07201	
1. PLACE OF DEATH a. COUNTY <u>Burnet</u>		1. USUAL RESIDENCE (where deceased lived. If institution residence before admission) a. STATE <u>Texas</u>		b. COUNTY <u>Burnet</u>	
b. CITY OR TOWN (if outside city limits, give precinct no.) <u>Burnet</u>		c. CITY OR TOWN (if outside city limits, give precinct no.) <u>Burnet</u>			
d. NAME, US (if not in hospital, give street address) HOURS OF DEATH <u>Sheppard Hospital</u>		e. STREET ADDRESS OF HOME (give location) <u>1004 E. League</u>			
f. IS PLACE OF DEATH RURAL CITY UNIT?		g. IS RESIDENCE RURAL CITY UNIT?		h. IS RESIDENCE ON A FARM?	
i. NAME OF DECEASED First <u>Isabell</u> Middle <u>Hicks</u> Last <u>Schilling</u>		j. DATE OF DEATH <u>January 28, 1978</u>			
k. SEX <u>Female</u> COLOR OF RACE <u>White</u> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		l. DATE OF BIRTH <u>Nov. 15, 1887</u>		m. AGE IN YEARS last birthday <u>90</u>	
n. USUAL OCCUPATION (Give kind of work done. If none, state "None") <u>Housewife</u>		o. BIRTHPLACE (State or foreign country) <u>Texas</u>		p. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
q. FATHER'S NAME <u>J. D. Hicks</u>		r. MOTHER'S M maiden name <u>Isabell May</u>			
s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		t. SOCIAL SECURITY NO. <u>463-01-6722</u>		u. SIGNATURE <u>Phillips</u>	
v. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		w. DEATH CERTIFICATE TO BE CORRECTED			
IMMEDIATE CAUSE <u>Cardiac arrest</u>		x. DATE OF DEATH			
DUE TO <u>Consecutive heart failure and arrhythmia</u>		y. DATE OF DEATH			
DUE TO <u>Myocardial infarction</u>		z. DATE OF DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		aa. DISCLOSE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)			
b. ALCOHOL <u>REC'D MAR 13 1978</u>		c. DISCLOSE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)			
d. BUREAU OF VITAL STATISTICS		e. DISCLOSE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)			
f. INJURY OCCURRED		g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		h. CITY, TOWN, OR LOCATION	
i. INJURY OCCURRED		j. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		k. COUNTY	
l. INJURY OCCURRED		m. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		n. STATE	
o. I hereby certify that I attended the deceased from <u>4-16</u> to <u>1-28</u> and last saw the deceased alive <u>1-27</u> Death occurred at <u>5:00 A.M.</u> on the date stated above and to the best of my knowledge, from the cause stated.		p. SIGNATURE <u>Wayne A. Barton</u>		q. DATE SIGNED <u>2-13-78</u>	
r. BURIAL, CREMATION, REMOVAL (Specify)		s. DATE <u>Jan. 29, 1978</u>		t. NAME OF CHURCH OR CREMATORY <u>Burnet Cemetery</u>	
u. LOCATION (City, town, or county) <u>Burnet</u>		v. RURAL DIRECTOR'S SIGNATURE <u>Clements-Wilcox Funeral Home</u>		w. RURAL DIRECTOR'S SIGNATURE <u>Wayne A. Barton</u>	
x. REGISTRAR'S FILE NO. <u>27</u>		y. DATE REC'D BY LOCAL REGISTRAR <u>February 15, 1978</u>		z. REGISTRAR'S SIGNATURE <u>Wayne A. Barton</u>	

AMENDMENT TO CERTIFICATE OF DEATH			
TEXAS DEPARTMENT OF HEALTH RESOURCES		BUREAU OF VITAL STATISTICS	
PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE		DATE OF DEATH <u>March 23, 1978</u>	
NAME OF DECEASED <u>Rudolph P. Sommerfeld</u>		STATE FILE NO. <u>29167</u>	
PLACE OF DEATH <u>Houston, Harris County, Texas</u>			
PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED			
ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION	
7	Widowed	Married	
8	January 10, 1891	July 31, 1890	
PART III. ABSTRACT OF SUPPORTING DOCUMENTARY EVIDENCE			
TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED	DATE ISSUED
Affidavit of Daniel H. Ashley	4-24-1978	Linda G. Lisa Notary Public Harris County, Texas	6-30-1978
PART IV. PERSON REQUESTING AMENDMENT			
NAME <u>Daniel H. Ashley</u>	ADDRESS <u>2002 Holcombe Blvd Houston, Texas</u>	RELATIONSHIP TO DECEASED <u>Hospital Records Clerk</u>	
PART V. CERTIFICATION BY STATE REGISTRAR			
I HEREBY CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS LISTED ABOVE AND THAT THE ABSTRACT IS TRUE AND CORRECT.			
DATE FILED <u>June 30, 1978</u>		STATE REGISTRAR <u>W. Carroll</u>	

If the city name is followed by a precinct number, index only the city name.

b. CITY OR TOWN (If outside city limits, give precinct no.)

Refugio Prec 1.

If only a precinct number is recorded, press TAB to skip this field.

b. CITY OR TOWN (If outside city limits, give precinct no.)

Precinct No. 5

If the city/town name is not recorded or is a version of 'unknown', press TAB to skip this field

b. CITY OR TOWN (If outside city limits, give precinct no.)

Rural

Index nicknames or alias names using “or” between the names.

Anna B or Lyda Allnut

3. NAME OF DECEASED (Type or print)	(a) First	(b) Middle	(c) Last
	Anna	B. (Lyda)	Allnut

Finis Dallas or Jack

3. NAME OF DECEASED (Type or print)	(a) First	(b) Middle	(c) Last
	Finis	Dallas (Jack)	Phillips

Paul or Roy Ramon Quintana

3. NAME OF DECEASED (Type or print)	(a) First	(b) Middle	(c) Last
	Paul (AKA Roy)	Ramon	Quintana

Lupe or Guadalupe Lopez

3. NAME OF DECEASED (Type or print)	(a) First	(b) Middle	(c) Last
	Lupe (Guadalupe)		Lopez

If a given name or surname was not recorded or was written as a variation of the word "unknown," press **Tab** to skip this field.

14. MOTHER'S MAIDEN NAME
Amelia (last name unknown)

14. MOTHER'S MAIDEN NAME
No Record

14. MOTHER'S MAIDEN NAME
Geneva (?) unknown

14. MOTHER'S MAIDEN NAME
Neva (No Record)

14. MOTHER'S MAIDEN NAME
Martha ?

14. MOTHER'S MAIDEN NAME
NOT AVAILABLE

14. MOTHER'S MAIDEN NAME
INF. NOT AVAILABLE

13. FATHER'S NAME DK	14. MOTHER'S MAIDEN NAME DK
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13. FATHER'S NAME Not Obtainable	14. MOTHER'S MAIDEN NAME Not Obtainable
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Do not index terms which refer to having no middle name.

3. NAME OF DECEASED (Type or print)	(a) First	(b) Middle	(c) Last
	Raymond	nmn	Markham

3. NAME OF DECEASED (Type or print)	(a) First	(b) Middle	(c) Last
	Cleave	(NMI)	Robbins

3. NAME OF DECEASED (Type or print)	(a) First	(b) Middle	(c) Last
	Eulalio	(middle name unknown)	Sanchez

In this case, the mother's maiden name should contain only one surname.
Do not assume that a middle name is another surname.

4. MOTHER'S MAIDEN NAME
Martha Cowgill Smith

Given - Martha Cowgill Surname - Smith

A woman's middle name may be her maiden name. Determine this by comparing it with her father's surname. Index both the maiden name and the surname in the SURNAME FIELD.

Given - Isabell
Surnames - Hicks Schilling

3. NAME OF DECEASED (Type or print)			(a) First	(b) Middle	(c) Last	4. DATE OF DEATH
			Isabell	Hicks	Schilling	J
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9
Female	White			Nov. 15, 1887		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		
Housewife		Own Home		Texas		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
J.D. Hicks				Isabell May		

Given - Lois
Surnames – Martin Weatherall

5. NAME OF DECEASED (Type or print)			(a) First	(b) Middle	(c) Last	4. DATE OF DEATH
			Lois	Martin	Weatherall	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		
Female	White			Jan. 15, 1900		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		
Teacher		Educational		Graham, Texas		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
Judge P.G. Martin				Sophia Graves		

If no given name is recorded, mark the field <Blank>

3. NAME OF DECEASED (Type or print)	(a) First <i>Baby Girl</i>	(b) Middle	(c) Last <i>Alvarez</i>
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3. NAME OF DECEASED (Type or print)	(a) First <i>Baby</i>	(b) Middle <i>Boy</i>	(c) Last <i>Elie</i>
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If the age is less than 1 year, index it as "0".

9. AGE (In years last birthday)	IF UNDER 1 YEAR	
	Months <i>3</i>	Days <i>9</i>

Amendment to Certificate of Death

Index the record with the corrected information .

Item numbers refer to a regular death certificate.

Index only what is on the document. Do not assume gender. Do not add information from the original death certificate.

AMENDMENT TO CERTIFICATE OF DEATH			
TEXAS DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS	
PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE.			
NAME OF DECEASED Rudolph P. Sommerfeld		DATE OF DEATH March 23, 1978	
PLACE OF DEATH Houston, Harris County, Texas		STATE FILE NO. 29167	
PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED.			
ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION	
2b 2c 2d 8	Harris Pasadena 712 South Walter January 10, 1891	Washington Brenham 605 Jersey Lane July 31, 1890	
PART III. ABSTRACT OF SUPPORTING DOCUMENTARY EVIDENCE			
TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED	DATE ISSUED
Affidavit of Wayne Giese	8-24-1978	Vivian Jones Notary Public Washington County, Texas	8-31-1978
PART IV. PERSON REQUESTING AMENDMENT.			
NAME Wayne Giese	ADDRESS 1306 West Main Street Brenham, Texas	RELATIONSHIP TO DECEASED Funeral Director	
PART V. CERTIFICATION BY STATE REGISTRAR.			
I HEREBY CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS LISTED ABOVE AND THAT THE ABSTRACT IS TRUE AND CORRECT.			
DATE FILED August 31, 1978		STATE REGISTRAR <i>M. Marshall</i>	

Amendment To Certificate of Death – Select **Normal** in the Header Data

AMENDMENT TO CERTIFICATE OF DEATH			
TEXAS DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS	
PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE.			
NAME OF DECEASED Virgil Eugene Doty		DATE OF DEATH February 9, 1978	
PLACE OF DEATH McKinney, Collin County, Texas		STATE FILE NO. 07517	
PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED.			
ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION	
3	Virgil Eugene Doty	Virgil Edward Doty	
PART III. ABSTRACT OF SUPPORTING DOCUMENTARY EVIDENCE			
TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED	DATE ISSUED
Affidavit of Ruth B. Doty	1-2-1980	James Porter Notary Public Collin County, Texas	4-1-1980
Photocopy of Social Security Application of the Deceased, #457-10-3642	2-15-1937	Social Security Administration, Baltimore, Maryland	Received 4-1-1980
PART IV. PERSON REQUESTING AMENDMENT			
NAME Ruth B. Doty	ADDRESS 903 Throckmorton, McKinney, Texas	RELATIONSHIP TO DECEASED Wife	
PART V. CERTIFICATION BY STATE REGISTRAR			
I HEREBY CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS LISTED ABOVE AND THAT THE ABSTRACT IS TRUE AND CORRECT.			
DATE FILED April 1, 1980		STATE REGISTRAR <i>W. Marshall</i>	

Index the State File No
as the certificate number.

In this example, you
would index the corrected
name.

DISINTERMENT PERMIT

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

PART I. Information relating to the deceased

Full Name of Deceased REGINA YVONNE GONZALEZ		Date of Death 27 October 1978
Place of Death EL PASO, TX EL PASO County		State File Number 092853
Name of Cemetery SAN FERNANDO CEMETERY II		
City SAN ANTONIO	County BEXAR	

PART II. Information relating to person in charge of disinterment

Name of Funeral Director MEL ARGUIJO	License Number 7887
Name and Address of Funeral Home ALAMO FUNERAL HOME, 211 BROOKLYN, SAN ANTONIO, TEXAS 78215	

PART III. Authorization

Permission is granted to move the body from the present place of burial to

FT. SAM HOUSTON NATIONAL CEMETERY

Section	Block	Space	Lot	Other	Unknown
SAN ANTONIO		BEXAR		TX	
County		State			
14 February 1997		Richard B. Bay			
date		signature of State Registrar			

Mark a Disinterment Permit **No Extractable Data**

This and the following slide show two images of the same document

250, 2003

REPORT OF DEATH

The County Clerk of *Bexar* County, Texas. Penalty for Failure to Report within 10 Days, \$5.00 to \$50.00.

No. *5003*

Full Name of Deceased *Nellie Ross*

Race *Col.* Sex *Female* Age *70* Years Months Days

Nativity *Texas*

Alien or Citizen

Died on the *16th* day of *June* 19*06*, at about M.

Place of Death *814 Victoria Street.*

Residence *San Antonio, Tex.*

CAUSE OF DEATH

Immediate Cause *Abdominal Tumor*

Contributory Cause *Embolic action*

DURATION

Years *2* Months Days Hours

No. 1010

REPORT OF DEATH

The County Clerk of *Bexar* County, Texas. Penalty for Failure to Report within 10 Days, \$5.00 to \$50.00.

No. *19* *5004*

Full Name of Deceased *Salares Rodriguez*

Race *White* Sex *Female* Age *73* Years Months Days

Nativity *Mexico*

Alien or Citizen

Died on the *7th* day of *October* 19*06*, at about *12* p. M.

Place of Death *Last end, San Antonio, Tex.*

Residence *Same*

CAUSE OF DEATH

Immediate Cause *Cerebral hemorrhage*

Contributory Cause *a similar attack followed by Hemiplegia*

The above stated particulars are true to the best of my knowledge and belief.

Dated this *7th* day of *October* 19*06*

(Signature) *R. Robinson M. B.* Address *San Antonio, Tex.*
(Physician, Accoucher, or Coroner)

There are two records. Index the more complete record and move to the second image.

The County Clerk of Brewer County, Texas.
 Penalty for Failure to Report within 10 Days, \$5.00 to \$50.00.

REPORT OF DEATH

No. 5003
 Full Name of Deceased Nellie Ross
 Race Col. Sex Female Age 70 Years Months Days
 Nativity Texas
 Alien or Citizen
 Died on the 16th day of June 1926, at about _____ M.
 Place of Death 814 Victoria Street.
 Residence San Antonio Tex.

CAUSE OF DEATH		DURATION			
Immediate Cause	Contributory Cause	Years	Months	Days	Hours
<u>Abdominal Tumor</u>	<u>Exhaustion</u>	<u>2</u>			

The above stated particulars are true to the best of my knowledge and belief.
 Dated this 18th day of June 1926
 (Signature) Joe S. Harrison Address San Antonio Tex.
 (Physician, Accoucheur, or Coroner)

SECTION 2. All Physicians, Surgeons, Accoucheurs and Coroners cognizant of a death, shall report the same, together with the race, nativity, sex, age, residence, whether alien or citizen, and the cause of death, to the Clerk of the County Court, within ten days after the occurrence, under a penalty of not less than Five Dollars, nor more than

Index the next record.

No. 1019

HAYBRICK-CLARKE LITHO CO., SAN ANTONIO.

The County Clerk of Brewer County, Texas.

Penalty for Failure to Report within 10
Days, \$5.00 to \$50.00.

No. _____

REPORT OF DEATH

Full Name of Deceased

Race white

Sex female

Mary Smith alias Mattie Smith 50 35
38 Years — Months — Days
Nativity Ark.

Alien or Citizen _____

Died on the

14 day of

Index name as:

Given Name – Mary or Mattie

Surname - Smith

at about

M.

Place of Death _____

Residence _____

CAUSE OF DEATH

Immediate Cause

Tuberculosis

Contributory Cause _____

DURATION

Years	Months	Days	Hours

The above stated particulars are true to the best of my knowledge and belief.

Dated this

16 day of

April

19

06

(Signature) _____

(Physician, Attending, or Coroner)

Address _____

SA

There may be more than one death record on a document

A 1148—REPORT OF DEATH—CLASS 2.

No. 1 To the Clerk of the County Court of Austin County, Texas. 2

Name of Deceased Mrs. Austin Race Negro

Nativity Texas Sex Male Age 2 Years 6 Months Days

Residence Wallis Place of Death Wallis

Died on the 24 day of May 1903 about 12.2 m. Alien or Citizen Citizen

CAUSE OF DEATH		DURATION			
		YEARS	MONTHS	DAYS	HOURS
Immediate Cause <u>Septicemia</u>				<u>6-</u>	<u>12</u>
Contributory Cause <u></u>					

THE ABOVE STATED PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated this June 1 day of June 1903

Signed Walter D. Brown Address Wallis Texas
(Physician, Accoucher or Coroner)

[illegible]